Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
1000A-001	Invalid email address format (8005551212) at (PER06).	VMS			TP's agree they can live with this	Disagree 10/24/05 - DDIS re-view: Concur with previous comment, but edit should be put in place to check for the @ sign. Disagree. This format is a phone number, however, there are no examples of what a standard email address should look like in the guide. This should not be considered an error.	pg 70; expects email address	C 09/07/04						
2000A-003	CUR02, 'USA' does not appear to be a valid Currency Code..	FISS	00230/12/28/04 (20434801341602, 20434801296102, 20434801296702, 20434400916002)	01/05/05	'USA' found in inbound file.	Disagree 10/24/05 - DDIS re-view: Concur with previous comment Disagree: The IG refers to code source 5 which is codes for countries not currencies. As long as "USA" exists in the code source, its use is compliant.		C 01/18/05						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2000B-002	I have a couple examples of an 'extra' SBR segment being used. Two SBR*S being used which indicate two secondary insurances. Value of element SBR01 has been already used in loops 2000B/2300. Elements SBR01 are expected to be	VMS			Trading Partner that reported this (IPN), can live with it. (If data is exact we need to change, but there could be > 1 for each line of business). IPN needed examples of 2 Primary or 2 Secondary Payer, to be able to make changes internally.	Disagree 10/24/05 - DDIS re-view: Concur with previous comment Disagree. There can be 2 secondary payers. Likewise, there can be 2 primary payers. The guide doesn't note that SBR01 can't be the same as the second SBR01	pg 101	C 09/07/04						
2000B-005	SBR09 claim filing code is an invalid code	FISS	0363	08/05/05	SBR09 on the inbound file is CI. Trading Partner is expecting to see ZZ.	Disagree 8/10/05 - CI is a valid code (Since the Individual Identifier has not been implemented, ZZ is not valid).		**C 09/30/05**						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2010AA-003	If the Billing Provider Loop (2010AA) and Pay-to-Provider Loop (2010AB) are supplied, then the secondary information is required for both loops; the loops are missing REF*1C segment. If the REF*1D segment is available, it should also be on the file.	B				Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Edit should be created to make sure REF 1C is present. Disagree. Although the guide does not require the REF, agree that the Medicare provider number should always be submitted in the REF.		C 09/29/04							

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2010AA-005	It looks like the title suffix is simply being appended to the end of the surname field. The implementation guide indicates its should be in the name suffix field, NM107. NM1*85*2*ESRA SAMLI-ONAT MD*****24*223649784~	MCS	00751-12/20-0304327105280, 0304327200430; 00650-12/21-0434180942300; 00805-08/10	09/10/04	01/18 - This was discussed with the Trading Partners on 01/18, the claim will pass their translator, but may cause lookup issues in their claims process. 01/03 - File information updated. Data in inbound file has the suffix appended to the name (NM103) 12/21 GHI to take issue back to the TPs and do more research. 12/07 - Will revert back to the TP as to whether this will still be an issue based on DDIS comments. The suffix is part of the NM103 on the inbound file	Disagree 10/24/05 - DDIS re-review: Concur with previous comment Disagree 1/28. There is no clear cut way to differentiate MD (as Medical Doctor suffix) from MD (letters of a name). The data is syntactically correct and therefore must be accepted. Agree. Since the qualifier in NM102 is 2 (non person) only the NM103 is to be used. This may be the name of the organization. If this is was is on the provider file. Follow up comment: The NM1 is syntactically correct.		C 02/01/05	01/11 MCS Based on the qualifier the loop is syntactically correct. Based on the provider file set up the surname is included as part of the name that is mapped to NM103 when NM102 is a 2. MCS believes this should be moved to the closed tab or disagree tab based on the	G			2/1 CMS: COBA/TP conference call, agreed to close. 1/27 CC Notes: DDIS indicated that they would change their opinion from agree to disagree. 11/4 Conference call notes: Determined to be a Claredi issue.	

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2010AA-008	N301 can't have a :	MCS	00901-10/22	11/08/04	01/10 - A fix was put in at COBC (VIPS), to strip delimeters from the flat file. 1/4 GHI to update issue as to reason closed	Disagree 10/24/05 - DDIS re-review: Concur with previous comment Disagree 11/16: colon is part of the basic character set. Although not adviseable, it is allowed as long it was not defined as a deliminter in the ISA. N301 has an "AN" attribute which is a "string" data element. A "string" data element contains any characters from the basic or extended character set.		C 12/21/04							MD(00901)
2010AA-010	N404 - The 'Country Code' should only be used when not US	FISS	00090-11/09; 00390-11/10	11/11/04	The value in the contractor's file - US	Disagree 10/24/05 - DDIS re-view: Concur with previous comment Disagree - Per CR3255 (already distributed to CMS's COB trading partners), the CMS interprets the IG "required when" language to not mean "reject if submitted when not required". The CMS interprets the IG to mean the data is allowed even if not required.		C 12/21/04					12/21 CMS moved issue from agree tab to disagree tab.	Horizon(00090, 00390)

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2010AA-011	In loop 2010AA. Element PER07 is used. It is expected to be used only when element PER05 is used	VMS	00630-10/30-04278435898000	11/24/04	Input and output file - blank in PER 05 but PER 07 has fax number	Disagree 10/24/05 - DDIS review: Concur with previous comment Disagree: The 4010A1 IG doesn't specify that repeating elements must appear in a specific order. This position was confirmed by X12N. However, this was addressed and the 5010 IG does specify the ordering for the future.		C 01/18/05						
2010AA-013b	Data contains invalid character(s) from neither the basic, nor the extended character set.	VMS	00803/11/30/04(86)(04320645963000)	12/10/04	In Billing Provider Name (2010AA) nm1 contains "NM1*85*1*PORTNOI'*VALERIE*A***34*108582522~	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree 12/21. The apostrophe is part of the basic character set.		C 01/18/05						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2010AA-016	The same 'Provider ID Number' (REF-01) MAY NOT BE REPEATED.	VMS	14330-01/21/05, ICN - 05006900851000	01/20/05	"REF 0001 1C 02281" Data repeated on inbound file	Disagree 10/24/05 - DDIS re-view: Here is a situation where the CLAREDI edit is based on logical thinking. Why tell us your provider number twice in the same claim? While I can understand that it is ridiculous to so, the IG doesn't prohibit it. Unless the TP can produce the specific language in the IG that prohibits duplicate reporting, we have to hold to the DISAGREE. Concur with previous comment, but editing would help clean up the data. 9/21/05 Disagree - There is nothing in the guide that states you can't repeat the same qualifier and the same ID number. X12 said "should" not "must". Disagree 2/10. The IG doesn't		C 02/15/05						10/13 CC Notes: o GHI commented the purpose of the IG was to eliminate redundant data, but we are interpreting redundant data to be OK. CMS indicated that this particular question was sent to the workgroup as a for interpretation clarification and the workgroup agreed that there	GHI

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2010AA-016a	REF 01, The same 'Provider ID Number' (REF-01) may not be repeated.	FISS	00011-02/01/05, ICN - 20501901106302, 20501901106602 00390 - 02/01/05, ICN - 20501806107502 00363 - 01/31/05, ICN - 20501803954301	02/08/05	Both IDs appear in the inbound file with the same qualifier.	10/25/2005 - DDIS review: Here is a situation where the CLAREDI edit is based on logical thinking. Why tell us your provider number twice in the same claim? While I can understand that it is ridiculous to so, the IG doesn't prohibit it. Unless the TP can produce the specific language in the IG that prohibits duplicate reporting, we have to hold to the DISAGREE. Concur with previous comment, but editing would help clean up the data. 9/21/05 Disagree - There is nothing in the guide that states you can't repeat the same qualifier and the same ID number. X12 said "should" not "must". Disagree 2/10. There is		C 02/15/05						10/13 CC Notes: o GHI commented the purpose of the IG was to eliminate redundant data, but we are interpreting redundant data to be OK. CMS indicated that this particular question was sent to the workgroup as a for interpretation clarification and the workgroup agreed that there	

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2010AA-025	**H40415** (~~H51108~~) - A Social Security number (REF01|SY) cannot be used when the Patient or Insured Name Segment contain a Social Security number.	MCS	00910 - Regence	7/21/05	This issue was submitted directly to CMS/DDIS from the Contractors	Disagree 7/27 - Technically, once Medicare crosses over the claim, it is no longer a “Medicare” claim. Therefore, one of the iterations could contain “SY”. CMS disagrees with the Claredi edit.		**C 09/30/05**						
2010AA-22	REF02 - he value '23980115' at 'REF02' does not match the format for a 'Federal Tax Identification Number'.	FISS	00160 - 03/07/05, ICN - 20505500323502, 20505500323302 00308 - 03/07/05, ICN - 20505404172001	03/09/05	Data in inbound file with a EI qualifier. For 00308 the value was '282N00000'	Disagree 10/24/05 - DDIS re-view: Concur with previous comment Disagree 3/16. Since there is no external code source listed in the IG, any value meeting the IG syntax is acceptable.		C 03/22/05						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2010AB-001	**H40425** - Billing Provider and Pay-To Provider must be different.	MCS, ~~VMS~~	05440 - 04/29 - ICN 11051170 22870 00900 - 04/29 - ICN 22051087 38600, 28051080 06090 14330 - 05011912 586000; 05535 - 50127880 31000; 00811-10/09-04271842 958000; 00630-11/16-04307715 670000		09/12/05 - Based on DDIS' 08/17 Disagree, this error code was added to the Faciledi Exclusion list on 09/12/05. 08/23 - Should DDIS review this again? 07/25 - Additional examples provided 05/09 - This error is now occurring from MCS, see examples 03/09 - This issue is no longer occurring from VMS 01/18 - See updated file information sent to VMS on 01/18 01/03 - As of files received the week of 12/27, this error is still occurring. The data appears in both loops of the contractor's file	Disagree 8-17-05, For consistency purposes, DDIS will change this to a disgree. The lack of the word "only" indicates that they can be the same in both loops. PRIOR RESPONSE-Agree, they must be different entities. Is all of the information in both loops?	pg 95; 2010AB(Pay to provider) is required if the billing provider (2010AA) is different. Pay To provider has 87 qualifier in NM1, Billing provider has 85 qualifier in NM1	**C 09/29/05 O Reopened 5/9/05 ~~C 03/09/05~~**	9/29 MCS - With the DDIS updated comment, should this be moved to the disagree tab? 06/30 MCS - We disagrees with the DDIS agree. The IG does not prohibit the 2010AB when it is the same as the 2010AA. 3/06/05 VMS - Could GHI (COBC) confirm if this issue	M	PS3205 PL 3092 front end edit Ps2946 - Back end only	3205 2/3/05 3092 - 2/3/05 PS2946 - 12/23/04	9/29 CC Notes: GHI - This issue will be closed. 9/8 CC Notes: Neil: For 2010AB-001, at the time it was an agree, now it is a disagree. The edit will be turned off since it is a disagree. 8/11 CC Notes: On 6/30 EDS replied in the log that we disagreed with the error because the IG	

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2010AB-004	NM109 - The value '0752674712' at 'NM109' does not match the format for a 'Federal Tax Identification Number'.	FISS	00380 - 03/08/05, ICN - 20505403055005 03	03/09/05	Data in inbound file with a 24 qualifier	Disagree 10/24/05 - DDIS re-view: Concur with previous comment Disagree 3/16. Since there is no external code source listed in the IG, any value meeting the IG syntax is acceptable.		C 03/22/05						
2010AB-005	The value '23980115 ' at 'REF02' does not match the format for a 'Federal Tax Identification Number'.	FISS	00160 - 03/07/05, ICN - 20505500323502, 20505500323302	03/09/05	Data in inbound file with a EI qualifier	Disagree 10/24/05 - DDIS re-view: Concur with previous comment Disagree 3/16. Since there is no external code source listed in the IG, any value meeting the IG syntax is acceptable.		C 03/22/05						
2010BA-00	Medicaid Recipient ID number missing	B			The Medicaid Recipient ID number will now be in the REF segment, where REF01 = IG. This is being pulled from 2010BA/NM109, where NM108 = MI	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree. Medicaid populates the REF with the IDs on the COB eligibility files.		C 09/16/04						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2010BC-003	REF02 - The value '07770002 01' at 'REF02' does not match the format for a 'Federal Tax Identificati on Number'.	FISS	00011 - 03/07/05, ICN - 20505300 736002, 20505301 066602	03/09/05	Data (10-digit EIN) in inbound file with a TJ qualifier	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree 3/16. Since there is no external code source listed in the IG, any value meeting the IG syntax is acceptable.		C 03/22/05						
2300-003	Patient Signature Source Code' was not expected because the Release of Informatio n Code (CLM-09) is 'N-Provider is Not Allowed to Release Data'	B	00811/RE F*F8*0426 18477840 00~		Trading Partner that reported this (Regence), can live with it. GHI note: The Part B guide has CLM10 NOT USED.	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree. CLM10 does not indicate that you can't have data in the field. It notes that the element is required except if CLM09 = "A". This does not mean you must not enter data if CLM09 = "N"	pg 166 - CLM10 - 'Patient Signature Source Code' is required, except in cases where CLM09 = N	C 09/09/04						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2300-005	ICD9 Code data at '2300.HI' is not found in ICD9 database	B			Trading Partner that reported this (Cigna), can live with it. Should be 3 characters then decimal followed by 2 places. Ex. 739.12; E-codes have an exception E + 3 digits followed by decimal and 1 digit ex. E987.1 (Source ICD-9-CM 2004 Vol. 1 and 2).	11-1-05 Unless there is any new information, the issue will remain closed. Disagree 10/24/05 - DDIS re-review: Linda and I discussed this today and I provided her with CR3260, released Oct 2004, which requires the Part B, DMERC, and NCPDP shared system maintainers to implement diagnosis code editing to prevent processing claims that contain invalid dx codes whether pointed to or not. I would expect that this error is no longer an issue. However, trading partners MUST understand that if they choose to receive denied claims in their crossovers, then they must not be surprised to receive non-compliant claims	Not X12 - see Analysis Comments	C 09/01/04							

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2300-006	ICD9 Code '4140' is not valid, must be coded to the highest number of digits possible (4th or 5th digit).	MCS	00952/REF*F8*020426117900 0~ - ICD9 Code = 5640		Trading Partner that reported this (Cigna), can live with it. Should be 3 characters then decimal followed by 2 places. Ex. 739.12; E-codes have an exception E + 3 digits followed by decimal and 1 digit ex. E987.1 (Source ICD-9-CM 2004 Vol. 1 and 2)	11-1-05 Unless there is any new information, the issue will remain closed. Disagree 10/24/05 - DDIS re-review: Linda and I discussed this today and I provided her with CR3260, released Oct 2004, which requires the Part B, DMERC, and NCPDP shared system maintainers to implement diagnosis code editing to prevent processing claims that contain invalid dx codes whether pointed to or not. I would expect that this error is no longer an issue. However, trading partners MUST understand that if they choose to receive denied claims in their crossovers, then they must not be surprised to receive non-compliant claims	Not X12 - see Analysis Comments	C 09/01/04							

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2300-019	Value of element REF02 (CLIA Number) is incorrect. Expected value is CLIA number (format is '10 characters where the third character is 'D'').	MCS	00902-10/27	11/10/04	Value in contractor's file is 01W2F1000413	Disagree 10/24/05 - DDIS re-view: Concur with previous comment Disagree 11/16: there is no code set for CLIA, therefore, the structure of CLIA number is not defined by the IG		C 01/18/05					12/21 CMS - GHI to do more research.	Horizon(00902)

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2300-020a	Service Facility Name' was not found, but was expected because both the Billing and the Pay-To Providers are present (2010AA and 2010AB) and the Billing/Pay-To Provider (PRV) is not present, so the Service Facility must be identified.	FISS	00390-12/03/04 (20428601894602) 00363-12/02/04 (20432300331701) 00453-12/03/04 (20432400540402, 20432400541802) 00350-12/02/04 (20432400873702, 20432400874302)	12/06/04	No 2310E loop in the inbound file (00390, 00363, 00453, 00350). Note:- The Service Facility Name should be in 2310E	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree 1/13 - Per Doug Renshaw (an 837 workgroup co-chair). The PRV and 2310E can be 'not present' for Medicare claims per the first part of the PRV segment note. Although our COB trading partner(s) may require either the PRV or 2310E segment, the IG allows us not to require one or the other. Disagree 12/10 - the 2310E usage notes do not support the requirement suggested in the issue column.		C 01/18/05							

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2300-033	**H40358 -** The 'Acute Manifestation Date' cannot be used unless the Patient Condition Code in CR2-08 is 'A' or 'M'.	MCS/VMS	00900 - 07/18 - 2205186879990. 00510 - 07/18 - 2205181609820 Seen from several contractors	7/12/2005	The inbound file contained the date in the 2300 loop, with a 453 qualifier. The CR208 contained 'F'	Disagree 8/8/05, the IG states "required when", not "required only when".		**C 09/30/05**						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2310A-005	Referring Povider name was not found, but was expected because there is a 'Referral Number'	VMS	01/10 - 00803 - 435165949200, 043516594930000803/0928	10/01/04	01/10 - See updated file information provided to VMS on 01/05. 11/10/04 - TP question - If there is a 2310A then it is required to have a NM1 segment. Page 269 of the IG # 3 and 4. 2310A did not appear in the inbound file	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 1/28. After more research, this referral number segment is mainly used to capture data for a managed care setting. For Medicare, referral numbers are not used. Therefore, a link cannot be made between the referral number and referral name. Medicare claims that require referral information will require the name only. No edit will be implemented. Agree 12/20/04 (changed) Originally Disagree. 11/16/04 We agree that if 2310A is present NM1 must be present. However, that is not the error that was reported. The error reported		C 02/25/05	01/24/05 VMS - What level edit whould we implement (IG or VMS)? 01/17/05 VMS - Is DDIS saying that the 2310A must be present if a 2300 REF01 = 9F is present? 01/10/05 VMS looking into adding a new inbound edit. Estimate and date TBD.				2/8 CMS: DDIS changed the opinion from agree to disagree. Discussed with the TPs on Tuesday, 2/8 and agreed to close. 1/27 CC Notes: Brian – we are going to reverse our decision on that. I've looked in the 4010 and also looking in the 5010 to get an ideal of what's	

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2310A-009	NM103, The value '101ST AVENUE FOOT CARE PC' at 'NM103' does not match the format for a 'Person name, must be at least one letter'.	VMS	14330-01/27/05-ICN-50069109 84000	01/31/05	Value in inbound file '101ST AVENUE FOOT CARE PC' with NM102 = 2	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree. According to GHI, the value of 2 is in NM102. If so, the value in NM103 is correct.		C 01/31/05						
2310A-011	INCORRECT ELEMENT IN NM103	FISS	00450-02-12-05 ICN, 20502702 239202	3/29/05	" - " FOUND ON INBOUND FILE. Error reported by Mass Health.	10/20/2005 - DDIS review: Concur with previous comment. Disagree 3/31. The data is HIPAA compliant. CMS does not edit for valid names in the 2330B loop except to verify the data are syntactically compliant.		C 04/18/05						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2310B-001	Leading spaces are not allowed (NM103).	11/22/04 - MCS	11/22/04 - 00590(G90-11/17)-1004310446020, 0904288670410; 00865(G85-11/17)-1104309855410, 1104309855210		12/21 GHI turned off the edits. 11/22/04 - This is still happening as of 11/17	Disagree 10/24/05 - DDIS re-view: Issue fixed by ViPS 11/2004. Disagree 12/13 DDIS changed their opinion. 10/00 Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?		C 01/18/05	11/12 CMS - GHI needs to validate if this problem is continuing. 11/08/04 VMS - corrected outbound July release under CR3100.	G				

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2310B-006	'Rendering Provider Name' was not found, but was expected because both the Billing and Pay-To Providers are present (2010AA and 2010AB) and the Billing/Pay-To Provider Specialty Information (2000A PRV) is not present, so the Rendering Provider must be ide	MCS	910 - 02/14/05, ICN - 11050381314260902 - 02/14/05, ICN - 22050260 46000	02/15/2005	If (2010AA & 2010AB) are present and 2000A PRV is not present 2310B NM1 is expected. (if PRV is present 2310B is not expected.) In this case 2310B and 2000A are not present.	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree 2/28 - the issue description doesn't say that the data is the same, it just says they are present. If that is the case, we change the response to disagree. Agree 2/16.		C 03/15/05	MCS 2/18 EDS disagrees with the DDIS agree. In these cases the Billing provider was the same as the rendering provider, therefore, the 2310B is not created. The 2310B is only required when it is different thanthe billing provider. The 2000A/PRV was not created					
2310B-007	NM104, First Name is populated with a dash (" - ")	MCS	31141 - 02/01/05 - ICN, 01050050 19450, 01050060 33550	02/01/05	Data found in inbound file.	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree 6/1. The dash is a valid character		C 08/02/05						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2310C-001	Purchased Service Provider (2310C NM1) not found, but was expectect because 'Total Purchased Service Amount' (AMT-01=NE) is present.	VMS	00512 - 04/27 - ICN 02051020 50110 00900 - 04/27 - ICN 22051013 51470	04/29/05	The 2310C Loop is missing in the inbound file	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree 6/1. The IG doesn't require the 2310C just because the AMT is populated.		C 08/02/05						
2310D-001	Billing Provider and Service Facility must be different.	B			Trading Partner that reported this (Regence), can live with it. 09/07/2004 - Neil requested feedback from TPs, since this can become a big issue. Wellmark and Horizon has a workaround. Question was posed to Mass Health, since they're using Sybase (as does Wellmark). They will get back to us with the answer. As of 09/21 no feedback received.	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree. The guide notes that the service facility is required if different than the billing or pay to provider location. The guide doesn't note that they can't be the same. The only instance where you can't use the 2310D is when the service was at the patient's home.		C 09/21/04					12/13 CIGNA - was this closed for the same reason as indicsted in 2010AB-001.	

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2310D-003	Leading spaces are not allowed (N302).	B			12/21 GHI turned off the edits.	Disagree 10/24/05 - DDIS re-view: Issue corrected 11/2004. Disagree 12/13 - DDIS changed their opinion. Agree this is an error. Does the GHI translator check for mandatory fields prior to building the 837 COB?		C 01/18/05	11/12 CMS - GHI needs to validate if this problem is continuing. 11/08/04 VMS - corrected outbound July release under CR3100.	G				
2310D-004	o Service Facility in 2310D – what does it mean when they have NM1*FA*2 with a REF*1C of 'SUBMITTED BUT NOT FORWARD'?	MCS				Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree. Gap filling		C 12/21/04						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2310D-007	The value '190064 at REF02 does not match the format for a UPIN	MCS	00528-10/07-1104229237840	11/02/04	Value of 190064 appears in the contractor's file. Must be 1 alpha + 5 numeric	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree 11/23 - DDIS agrees with the MCS response. The 2310D facility loop would not be populated with a UPIN, so the "190064" value was appropriate in this situation. Please note that the DDIS response may be applicable in other situations, just not this particular one. Agree. 10/00 - I believe this was reported sometime ago and MCS was mapping from the SFR and not the finalized claim screen. I believe the claim screen will have the UPIN, but the SFR will have whatever was submitted (which is		C 12/21/04	11/23/04 MCS- The 2310D/REF01 was a 1C which is for the Medicare Number. Based on the REF01 qualifier the UPIN should not have been expected. FYI, the MCS system uses the provider number for this field not the UPIN number, therefore, when the claim screen is used a 1C qualifier is sent with					

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2310D-008	The REF-01 (Identification code Qualifier) Cannot equal "TJ" when NM108 equals 24" because both refer to employer ID number	MCS	00904-07/16; 11/02		01/31 - Correcting this error in our translator will require additional I/O. Not sure how we should proceed. Its occurrence has reduced recently. 11/02 - Originally reported as 2310B-004, but should be 2310D, will re-submit to OIS for review. Output file has a 'TJ' qualifier, which isn't a valid value. The contractor's (Trailblazer(00904)) file had a value of 'TJ'	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree 2/8 - The IG does not state that you can't have the same numbers in NM109 and the REF. Prior response: Agree. The qualifier is "TJ" is valid for Tax ID. The guide does not note that you can't have both numbers in NM109 and the REF. Although agree that they should be different. The REF should have the Medicare provider ID.	pg-295 Qualifier values FOR 2310D (0B, 1A, 1B, 1C, 1D, 1G, 1H, G2, LU, N5, TJ, X4, X5)	C 02/15/05	01/24 MCS - EDS is not moving forward with this CR due to conversations in last weeks meeting. GHI was going to see what they could do with the file. 01/11 MCS Not sure what to do with this. Found that the claim was submitted with REF01 of TJ and no other REF loops. According	M	17114	NS	2/3 CC Notes: DDIS indicated that they disagreed with the issue of the TJ being submitted with the NM108 of 24 as an error because the IG does not prohibit the duplication of information. The originally agreed with the error because they thought the true	

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2320-003	Segments in Loop 2320 are out of order. Payor Paid Amount is first, then Approved Amount, then Allowed-Actual Amount, then Patient Responsibility - Actual Amount. SBR*P*18*574051793D6**MB****MB~ AMT*D*65.51~ AMT*B6*81.88~ AMT*F2*44.73~ AMT*AAE	VMS			Trading Partner that reported this (IPN), can live with it.	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree. This is not an error. The AMT segments within a loop do not need to occur in a particular order. The qualifier is all you need to identify what the segment represents.	pg 315-325 Order listed in guide as follows: D, AAE, B6, F2, AU, D8, DY, F5, T, T2	C 09/07/04							

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2320-004	'Medicare Outpatient Adjudication Information' was not expected because this Claim is for Inpatient services	A				Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree. What is the bill type? Medicare processed some inpatient as outpatient. CR 3031 provided a list oh how CMS defines bill types	pg 391 - 2320/MOA - To convey claim level data related to the adjudication of Medicare claims, not related to an inpatient setting.	C 09/03/04	Per GHI, this error occurred on type of bill 22. TOBs 12 and 22 are inpatient for HIPAA, but are processed by Medicare as outpatient. An MOA (Medicare Outpatient Adjudication information) is valid for these TOBs.					

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2320-010	SBR*S*21***MI****ZZ~ DMG*D8*19010101*M~ OI***Y*S**Y~ NM1*IL*1*GRIFFIN*JOHN*N***MI*111111111A~ NM1*PR*2*PIPE TRADERS HEALTH WEL*****PI*99999~ Questioning whether the entire second iteration of Pipe Trades should be present at all. *The COBA ID	VMS	00630-09/25-04257711427000	10/15	The data appears in the contractor's file. The Payer in 2010BB is Pipe Trades, COBA 00001, as secondary. Pipe trates appear again in 2330/2330B as Secondary with an ID of 99999. Note:- This is not the same issue as 2000B-002. In that instance they were questioning why there were two 'S' in the SBR01. The original thought was that there would be a 'P', 'S', 'T'. Not 'P', 'S', 'S'.	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree 12/2 - This problem will go away when the TP goes live in production. Agree. The second iteration of Pipe Traders is not required.		C 12/21/04	12/3 VMS - This issue describes an insurer being listed twice owing to being crossed both directly to the trading partner and in a test mode to the same TP through the COBC. On 12/2 ViPS was advised that the DDIS has moved this to the Disagree list and no further action is	G				

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2320-016	Currently our (Trading Partner) program expects AMT*C4 in the 2320 loop. This tells us that medicare has made a payment. We're not seeing "C4" in the Part A files.	FISS	00011 - 03/09 - 20435537505304 00021 - 03/09 - 20504800073202	05/10	09/26/05 In the past I have commented on HIPAA compliance balancing issues. We have determined the our compliance validator is expecting the PAID amount in the 2320 loop and where AMT01 = C4 in the Payer Prior Payment segment. I have read the issues log and closed issues on this very issue. The CMS response was that CMS will repond with the Medicare paid amount with the 2320 loop and where AMT01 = N1. We are concerned with this and would like CMS to review the WEDI white paper on COB Balancing. http://www.wedi.org/cmsUploads/pdfUpload/WhitePaper/pub/COBWhitePaper200412.	Disagree 10/27. CMS uses the AMT segment with N1. Need to confirm from the trading partner that the AMT with N1 (IG page 376) is not present. If N1 is present, trading partner needs to process the data from N1. If the data is in N1 and the trading partner processes teh data and the data does not balance, then CMS will address the balancing issue. Disagree 9/7. This segment is not required. Segment note 2 allows for this segment to not be present (no paid amount). The Medicare amount is in the AMT*N1 segment (IG pages 376-377). Disagree 10/24/05 - DDIS re-view: Concur with previous		C 08/02/05							

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2320-016 - Duplicate	Currently our (Trading Partner) program expects AMT*C4 in the 2320 loop. This tells us that medicare has made a payment. We're not seeing "C4" in the Part A files.	FISS	00011 - 03/09 - 20435537505304 00021 - 03/09 - 20504800073202	05/10	**08/26/05** Based on the response on 08/15, the Trading Partner has additional questions: 1. Can you clarify how the value codes would be used to identify other paid amount? The Implementation Guide states the definition of BE is a "VALUE". 2. How do we identify the other payer paid amount at the claim level? Additional information: For ICN 20435537505304 the codes are as follows: HI*BK:V583~ HI*BF:99851*BF:99883*BF:2384*BF:496*BF:V103*BF:4019~ HI*BE:61:::9927~ For ICN 20504800073202 the codes are as follows:	Disagree 9/7. This segment is not required. Segment note 2 allows for this segment to not be present (no paid amount). The Medicare amount is in the AMT*N1 segment (IG pages 376-377). 8/15 - CMS uses value codes 12-16 or 41-43 for these amounts. These codes are more specific. Mass Health needs to let CMS know if none of these values are populated. Disagree 6/1. This AMT segment is not required. The amount (if needed by the trading partner) can be derived from SVD segment and CAS segment data.		**C 09/30/05**							

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2330A-002	NM109 - Populated with what seems to be the Supplemental ID, but in one instance it took the HICN. Also being truncated to 10 characters.	AB			01/10 - 2330A NM109 will contain the HICN; 2010BA NM109 will contain the supplemental ID, if in the elig. file, otherwise the HICN. This is no longer and issue for the TP, since the Policy number (suppl. ID) will now be in the 2010BA REF segment, where REF01 = IG. This is currently being pulled from 2010BA/NM109, where NM108 = MI. VIPS has a PROB in to pass the supplemental to the REF02, the NM109 will have the HICN	Disagree 10/24/05 - DDIS re-view: Concur with previous comment. Disagree. This should be the HICN from the eligibility file. The other policy number would be reported in the REF. (Comment taken from 2010BA)		C 10/08/04							

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2330A-005	The Social Security Number may not be used as identifier for Medicare	MCS	803 - 02/15/05, ICN - 05040824802000, 05031629129000, 05040608871000, 05031834359000 883 - 02/15/05, ICN - 09050312 52390(2010AA REF01)	02/15/05	in contractor 803 REF*SY*076288208~ was found in 2330A REF01, and in 883 REF*SY*168408298~ was found in 2010AA REF01.	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 2/28 - the issue description doesn't say which 2330A it's in. If the SY is in the non-Medicare 2330A then we will change this to a disagree. Agree 2/16.		C 03/22/05	MCS 2/18 EDS disagrees with the DDIS agree. I agree that the SY may not be used as an identifier for Medicare. However, in these cases, the SY is being sent to a non-Medicare entity, therefore, EDS believes it should be considered valid. The SY is not being sent in the Medicare						
2330A-006	2330A - REF 01 cannot = 1W when NM108=MI	MCS	05440/03-03-05 (02050457 57670)	03/15/05	Data in inbound contractor file. NM109 and REF02 contained the same value - YVB54022868701; with the MI and 1W qualifier respectively.	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 6/1. There is no IG note prohibiting this.		C 08/02/05						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2330B-006	The REF-01 (Identification Code Qualifier) cannot equal "2U" when NM1 08 equals "PI" because both refer to Payer Number	VMS	00803/0928	10/04/04	REF02 = 2U in inbound file	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree. IG doesn't state that 2U can't be used.		C 12/21/04					12/21 CMS - Sent note to DDIS for review	

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2330B-008	12/2 - Is anything being done to determine if the NAIC code is valid and contained in the external code source? The Payer ID is not a valid NAIC code, so why is it being sent as the Payer's Secondary ID? NM1*PR*2*SAGAMORE***** PI*35164~ REF*NF*35164~ 12/2 - It looks as	VMS	00630-10/26-04286706571000	11/03/04	The value in the contractor's file - REF01 = NF; REF02 = 35164	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 12/2 - that until NPlan ID is implemented we are unable to edit payer ID's for validity. Agree 12/2 - that NF is not a valid qualifier and cannot be used		C 01/18/05	12/01/04 VMS - Segment is situational. Also, the "NF" qualifier may not be used by Medicare but can be sent as informational.	C			12/9 Confernce Call Notes - VMS disagrees with the DDIS agree. The qualifier used is valid per the IG. Brian reviewed the error and reported that this is valid and this error should be removed from the agree and moved to disagree.	IPN(00630)

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2330B-009	Adjudication (EOMB) date on COBA parallel test Claim file is different than the Adjudication date on production claims file DTP*573*D8*20041015~	MCS	00901/(01042610120 60)	12/29/2004		Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 12/30. This isn't related to the implementation guide. Seems like a problem with parallel testing.		C 01/18/05						
2330B-013	INCORRECT ELEMENT IN NM103	FISS	181-2-14-05, ICN - 20502100207402	3/28/05	" . " FOUND ON INBOUND FILE. Error reported by Mass Health.	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 3/31. The data is HIPAA compliant. CMS does not edit for valid names in the 2330B loop except to verify the data are syntactically compliant.		C 04/18/05						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2330B-015	**H10012** - NM103 - Special character '[' in the Tertiary Payer , record type 590 pos 7-41, suggest Fiss 'scrub' the flat file data after created	FISS	00363 - 08/05/05 - 20521600880008	8/1/05	09/12/05 - Based on DDIS' 09/08 Disagree, this error code was added to the Faciledi Exclusion list on 09/12/05. 08/26/05 Data appears as '[ABCW' (First char is Hex BA) on the mainframe and ' ABCW' (first char s Hex 8D) when viewed in Faciledi. ABCW appears when viewing the inbound data in faciledi.	Disagree 9/7. This appers to be a Faciledi issue. A "[" (hex BA) is a valid character in the extended character set. 8/25 - We do not understand. GHI's comments say ABCW appears in the field, whereas the issue says a "[" is in the field. Please clarify.		**C 09/30/05**			Tar #44155		record type 590 pos 7-41, suggest Fiss 'scrub' the flat file data after created	

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2330G-002	**H45211** - 'Entity Identifier Code' was not expected because the Service Facility Identifier Code (2310D-NM1-01) is not 'FA-Facility' and the Other Payer Service Facility Identifier Code (2330G-NM1-01) is 'FA-Facility'	MCS -	00865 - 08/19 - 4705193613120	8/19/05	09/12/05 - Based on DDIS' 09/08 Disagree, this error code was added to the Faciledi Exclusion list on 09/12/05. 08/26/05 Spoke to the Claredi contact who explained the error as follows: Faciledi does not expect the 2330G NM101 to be 'FA', because 2310D NM101 was not FA. i.e. both 2310D NM101 and 2330G NM101 should be 'FA' In the inbound file, the 2310D NM101 has a value of 77. 2330G NM101 has a value of FA. Same error as 2420C-003 - see follow-up tab	Disagree 9-8-05. Nowhere in the IG does it state that the value in the 2310D NM1must equal the value in 2330G NM1. 8/25/05 Neither this explanation nor the other is clear. I do not understand what the problem is. Are you saying that the 2330G/2420C loop was not expected because the qualifier is FA? Are you saying that 2330G can't be FA if 2310D is not FA? I do not see any notes in the IG that link or prohibit use of service location qualifiers in other loops. Please be specific in the explanation and cite the IG references/usage notes that make these loops "not expected".		**C 09/30/05**					The 2330G NM101 and 102 populated correctly. However NM103 thru 111 should not be used per IG. Therefore HGSA feels this error should be excluded.	

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2400-004	Hospice Employee Indicator' (CRC 02) was not expected because the Facility Type (CLM-05-1) is not '34-Hospice' and the Place of Service (SV1-05) is not '34-Hospice'	B			Trading Partners that reported this (Cigna, GHI HMO, Regence), can live with it.	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree. The guide notes this is required on all Medicare claims involving physician services to Hospice patients. It does not note that the data can't be present if the place of service is not hospice. The hospice patient could have been temporarily moved to another facility or visiting home.	pg 411, pg163; Hospice employee indicator present, when facility is office(CLM) and ESRD facility (SV1)	C 09/05/04						
2400-009	The 'Ambulance Certification' in Loop 2400 must be different than the 'Ambulance Certification' in Loop 2300	B			09/07/2004 - Discussion with Wellmark and Horizon. Provider # will reject if same for header and lower level?????.	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree. The guide notes that 2400 is required if it is different than reported at 2300. It does not state that you can't submit 2400 if it is the same.	pg 233 - The CR1 segment in Loop 2300 applies to the entire claim unless the exception is reported in the CR1 segment in Loop 2400	C 09/07/04						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2400-010	Unrecognized segment ID, the service line should be SV2 but the file has SV1	VMS			The Trading Partner reported this as Part A. Further research at GHI determine it to be Part B. TP agreed until it happens again, this error can be ignored. (email of 9/9/04).	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree. SVD2 is not on the Part B 837 COB. It is on the institutional claim, SV1 is part B.		C 09/09/04						
2400-018	Service Through Date is in the future. DTP*472*RD8*20041007-20041124~	MCS	00885-10/26	11/03/04	Value in contractor's file is 2004100720041124	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 11/16: some services (DME) are billed with future dates		C 12/21/04						IPN(00885)
2400-019	Value of element REF02 (Oxygen Flow Rate) is incorrect. Valid values are '1' - '999' and 'X'.	VMS	00811-10/30	11/10/04	Value in contractor's file 002	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 11/16: AN (string) doesn't prohibit leading zeroes		C 12/21/04						Horizon(00811)

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2400-021	Missing mandatory SV202-1, SV202-2	FISS	00400/12/15/04 (20105200805001R(93))	12/17/04	2/10 The Type of Bill type = 11. 02/07 - Additional info sent to DDIS on 01/26. Data missing in the inbound file	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 2/10 Update 2/10/05 If SV2 segment is used, then SV202-1 is required. However, since the type of bill is 11 (inpatient) SV202-2 is not required. 1/20 Need more info. Elements are required on outpatient claims. Was this an outpatient claim?		C 02/15/05	2/3/05 - IG says situational, "required for outpatient claims when an appropriate HCPCS exists for the service line item."					
2400-022	Value of sub-element SV101-04 has already been used. Procedure modifier codes are expected to be unique for every product/service	MCS	00805 12/22/04 (0204344110190)	01/05/05	Value in inbound file is 26 for SV101-03 and SV101-04. SV1*HC:93307:26:26*108.2*UN*10*21**1~	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree: The IG doesn't preclude the same modifier from being repeated.		C 01/18/05						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2400-024	2400 SV105 Optional facility code ('13', '14' and '49) is not a value in table.	MCS	31141-2/9/2005 ICN 02050274 99410, ICN 01050140 16080 2/15/2005 ICN 02050335 77840	2/9/2005		Disagree 6/28/05 - The IG clearly states that the list is subject to change and that Code Source 237 takes prececedence over the list in the IG. 13 is Assisted Living and 49 is Independent Clinic.		**C 09/30/05**						
2400-027	**H31000 -** The 'Date - Date Last Seen ' cannot be after the Transaction Set Creation Date BHT04	MCS	00865 - 08/30/05 - ICN 11052272 17050	9/6/05	BHT04 date 08/31/2005. Date last seen 2400 DTP 06/23/2050 (304 qualifier)	9-22-05 Disagree. The IG doesn't specify when the date must be (< or >). This appears to be a typo.		**C 11/02/05**					HGSA (00865) comments: BHT04 date 08/30/2005. Date last seen 2400 DTP 06/23/2005 and 07/22/2005	
2420B-001	'Purchased Service Provider Name' was not expected because the Purchased Service Provider Identifier (PS1-01) is not present	MCS	836/0427 ICN 11051033 34160	04/29/05	The inbound file contained the 2420B NM1 segment with NM101, NM102, NM108 and NM109 populated. The 2400 PS1 segment was missing	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 6/1. There is no IG note prohibiting this.		C 08/02/05						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2420C-001	o Service Facility in 2420C – what does it mean when they have NM1*FA*2* SUBMITTED BUT NOT FORWARD N3* SUBMITTED BUT NOT FORWARD N4* SUBMITTED BUT NOT FORWARD*Subscriber ST*Subscriber ZIP	MCS				Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree. Gap filling		C 12/21/04						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2420C-003	**H45211** - 'Entity Identifier Code' was not expected because the Service Facility Identifier Code (NM1-01) is not FA and other payer ID is FA.	MCS	00910 - Regence	7/21/05	09/12/05 - Based on DDIS' 09/08 Disagree, this error code was added to the Faciledi Exclusion list on 09/12/05. 08/26/05 Spoke to the Claredi contact who explained the error as follows: Faciledi does not expect the 2420C NM101 to be 'FA', because 2310D NM101 was not FA. i.e. both 2310D NM101 and 2420C NM101 should be 'FA' 08/24 - In the inbound file, the 2310D NM101 has a value of 77. 2330G NM101 has a value of FA. Trying to get better clarification from Claredi. This issue was submitted directly to CMS/DDIS from the Contractors	Disagree 9-8-05. Nowhere in the IG does it state that the value in the 2310D NM1must equal the value in 2420C NM1. 8-25-05 Neither this explanation nor the other is clear. I do not understand what the problem is. Are you saying that the 2330G/2420C loop was not expected because the qualifier is FA? Are you saying that 2330G can't be FA if 2310D is not FA? I do not see any notes in the IG that link or prohibit use of service location qualifiers in other loops. Please be specific in the explanation and cite the IG references/usage notes that make these loops "not expected". 8/05 The issue is not clear as		**C 09/30/05**	9/8 - MCS My understanding is that this error was set because the 2330G/NM101 value was FA and the 2420C/NM101 value was LI. The IG does not require these values to be the same. That is why Regence disagrees with the error.					

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2420E-001	Ordering Provider Contact Information' was not expected because neither the Arterial Blood Gas Quantity (CR5-10) nor the Oxygen Saturation Quantity (CR5-11) are present	VMS	00811-10/14; 00635-10/29		11/12/04 - In the contractor files received, the PER is present, even though the Arterial Blood Gas Quantity (CR5-10) and the Oxygen Saturation Quantity (CR5-11) are not there	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 11/17: We agree with the interpretation from VMS. The presence of the PER is not an error. 10/00 Agree this is an error.	X-pg538; Required when services involving an oxygen therapy certificate of medical necessity (CMN) is being billed	C 01/18/05	11/12 VMS - describes a PER segment when one was not expected. Our analysis shows that this segment is required under certain circumstances and situational otherwise, but not proscribed. If this is not the case and a front-end edit is required, please advise. 11/08 VMS -					

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2420E-002	There are cases where we are receiving what looks like gap fill in situational loops	VMS	05655 - 08/03/05 - 05206501 033000 00811 - 08/04/05 - 05195112 028000 00635 - 08/04/05 - 05164250 769000 00885 - 08/04/05 - 05189310 957000	08/04/05	The data in the outbound is a direct translation of the inbound data. NM1*DK*1*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~ N3*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~ N4*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX*IA*505013909~ REF*1G*U31760~	Disagree 8/11/05 - There is no reason why the contractor would gap fill the "ordering provider" loop. This data was likely submitted to Medicare this way and is compliant per the IG requirements of AN.		**C 09/30/05**						
2430-005	The Procedure Code '85024' is not a valid CPT or HCPCS Code.	B			Trading Partner that reported this (Cigna, Regence), can live with it. '85024 has been deleted. To report use '85025' (Source - CPT 2003 Prof. Edition)	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree. Is there a CAS reason code that notes the procedure code is invalid? There are times when an invalid code will be on the COB and the Trading Partner wants all types of claims (rejected, paid, etc)	Not X12 - see Analysis Comments	C 09/09/04						

Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2430-008	If the file creation date is 20040909 (see GS04), why would the adjudication date be after (DTP*573*D8*20040913). How could the file be created on Sept 9 and the claims within the file be adjudicated on Sept 13?	FISS	11/22/04 - 00130-11/09-20430211090904	09/20/04	The value was in the contractor's file. Note: The ICN was in the contractor's file, but not in the Claims file.	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 12/01 - There is nothing in the IG to prohibit the use of a future date for this scenario. Agree 10/00 - that the file creation date would not be before the adjudication date.		C 12/21/04	MO0066 was created to correct. However, this PAR will most likely be returned due to the fact that this cannot be corrected without major reconstruction to how FISS processes COB/COB C. 11/2 - Still needs to be discussed on HIPAA wrkgrp.					

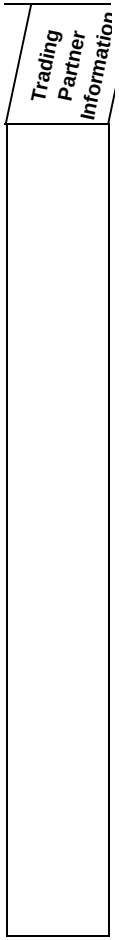
Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2430-010	The code 'ZZ-Mutually Defined' is not valid for HIPAA	VMS	05655-01/21/05, ICN-05013823393000 00811-01/21/05, ICN-04363871698000	01/20/05	ZZ found on inbound file 'SVD*00811*00003159F*ZZ:WW006**150~	Disagree 10/24/05 - DDIS re-review: Concur with previous comment. Disagree 2/10. ZZ is a valid qualifier indicating "workers comp procedures and supply codes". This loop reflects data from a previous other payer. However, the other payer for this iteration of 2430 would should not be Medicare.		C 02/15/05						
2430-011	Claim contains coinsurance at both the line level and the claim level. Is the coinsurance equal to total of both claim and line level coins or was it reported twice? It should be reported at either the line level or claim level.	FISS	52280 - 06/04 - 20514314135004	07/14/05	The values were received in the inbound file.	Disagree 8/8/05. The IG notes on pg 306 do not indicate any overriding line level information. Pg 494 CAS segment has no note about line and claim level info being mutually exclusive.		**C 09/30/05**						

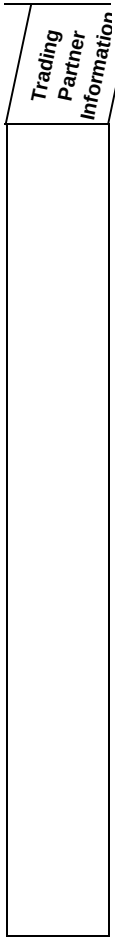
Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
2430-012	Claim contains incorrect (as we think) coinsurance amount. Medicare paid amount = 1361.20 on line level Line item 9 has coinsurance of 890.57 and that seems too much for coinsurance	FISS	52280 - 06/04 - 20514302639802	07/14/05	The values were received in the inbound file.	Disagree 8/8/05. The IG notes do not indicate that the values must appear to be correct. This is an issue for FISS to review how this value is calculated. This is not a HIPAA error.		**C 09/30/05**						

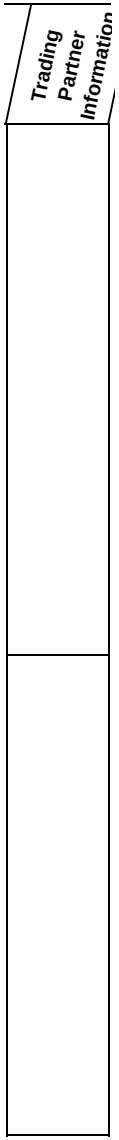
Loop and Item #	Issue	Standard System	Contractor Number/File Creation Date	Date First Identified	GHI Comments	DDIS Comments	X12	Status: N, O, FS, C, D	Maintainer Comments	Fix Resp: M, C, G, T	PLOG #	PLOG Fix Date	CCMS and Contractor Comments	Contractor Fix Date
GEN-002	We should only receive 5,000 claims per ST-SE but we're receiving up to 9,999 claims			09/16/04	03/09 - Additional validation needs to be done	Disagree 10/24/05 - DDIS re-review: Issue corrected 3/2004. Disagree. The IG recommends limiting the size to 5000 claims, but it is not a requirement. The maximum number of claims segments is agreed to with the trading partner. Is GHI limiting the number claims to what the trading partners wants?		C 04/06/05	1/13 - This should be corrected with FS4459S2. 12/13 FISS - TAR will be released to the user sites on 2/3/05 with an expected production date of 3/7/05. We also plan to include the EIN issue that has been recently identified as a FISS system problem. 10/00	M	FS4459S2	Prod 2/17, Test 1/27	3/31 CC Notes: Yes, this is no longer a problem	

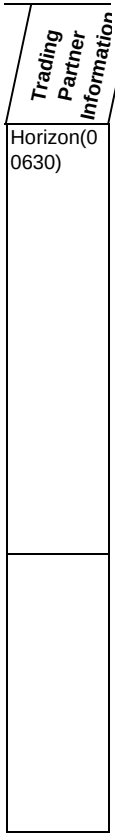
Trading Partner Information
Horizon Aetna

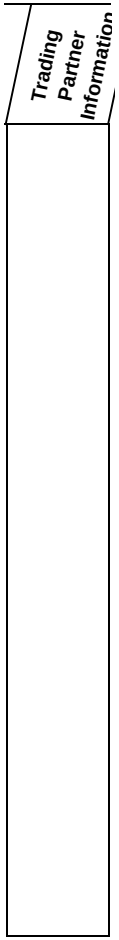
Trading Partner Information
BCBS Michigan

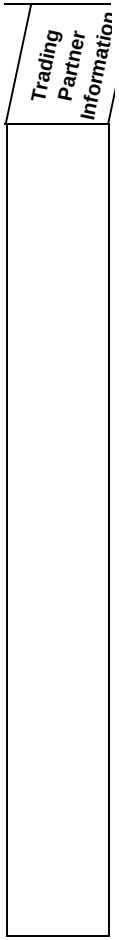

Trading Partner Information

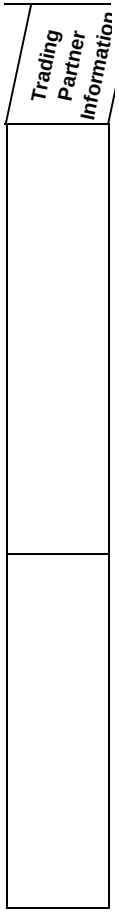

Trading Partner Information

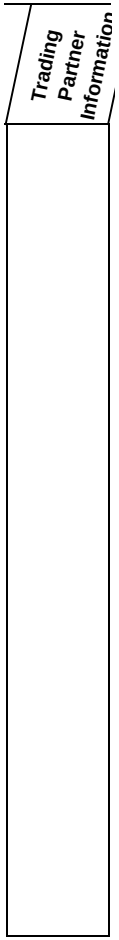

Trading Partner Information

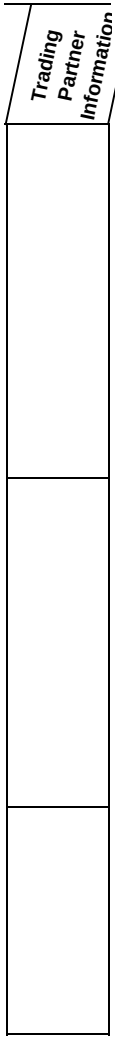

Trading Partner Information
Horizon(00630)

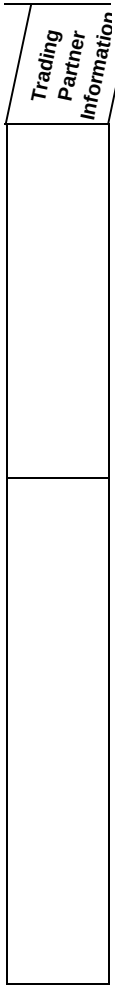

Trading Partner Information

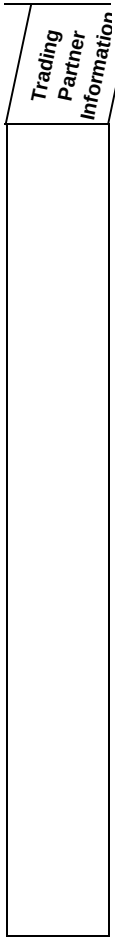

Trading Partner Information


Trading Partner Information

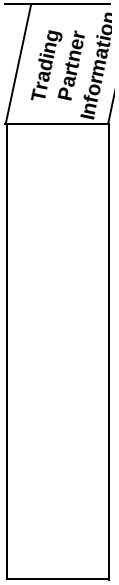

Trading Partner Information


Trading Partner Information

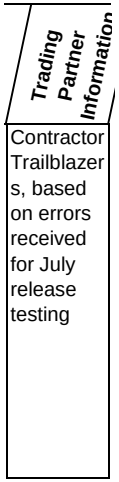

Trading Partner Information

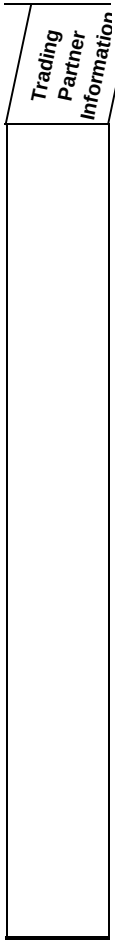

Trading Partner Information

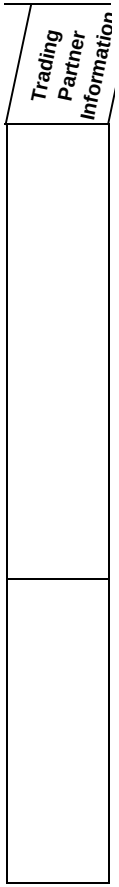

Trading
Partner
Information

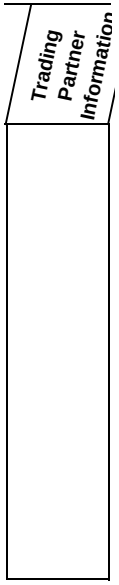

Trading Partner Information

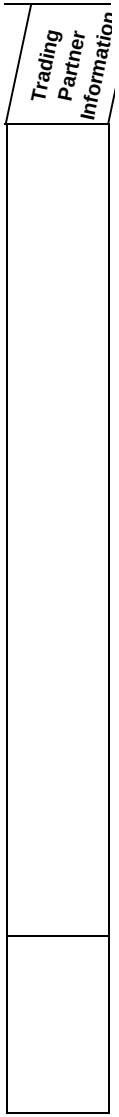
Trading Partner Information
Horizon(00390,00363,00453) & Regence(00350)

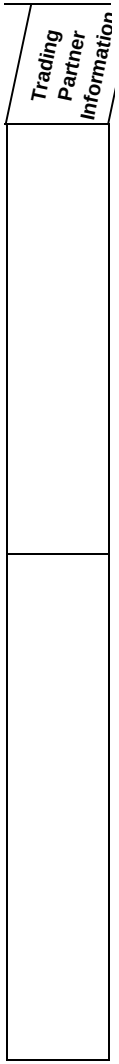

Trading Partner Information
Contractor Trailblazers, based on errors received for July release testing

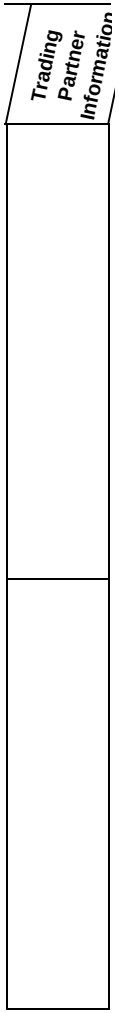

Trading Partner Information

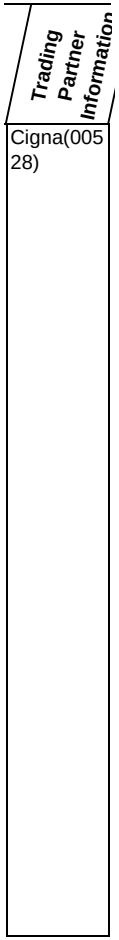

Trading Partner Information

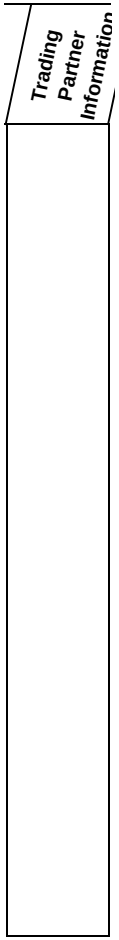

Trading Partner Information

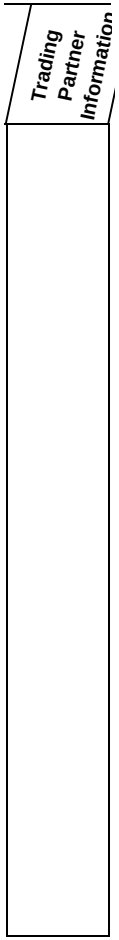

Trading Partner Information

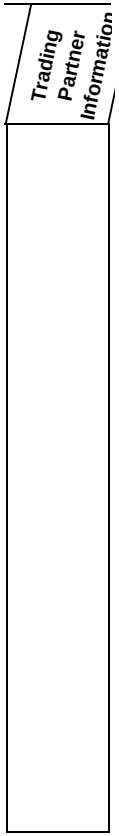

Trading Partner Information

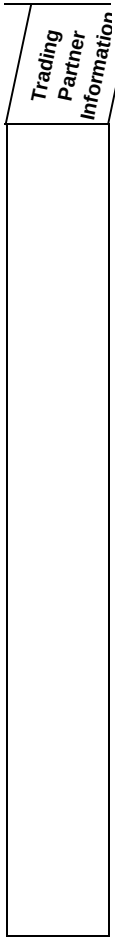

Trading Partner Information

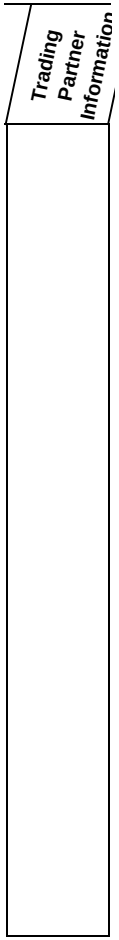

Trading Partner Information
Cigna(00528)

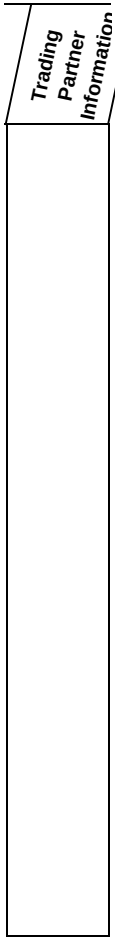

Trading Partner Information

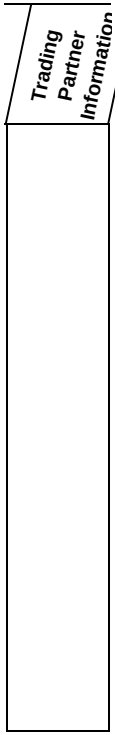

Trading Partner Information

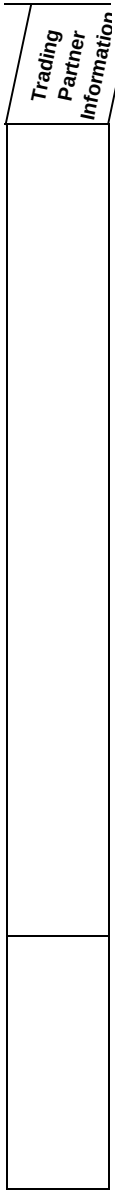

Trading Partner Information

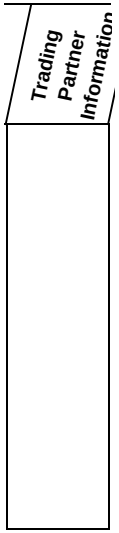

Trading Partner Information

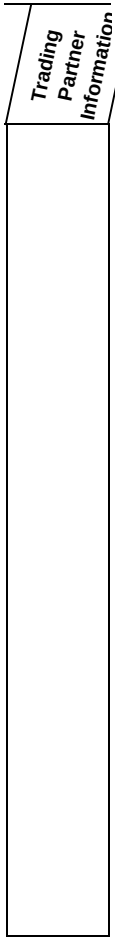

Trading Partner Information

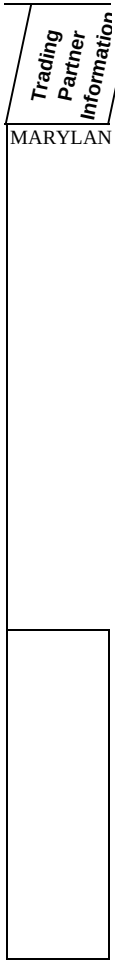

Trading Partner Information

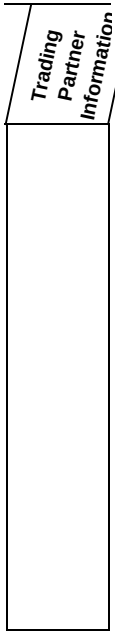

Trading Partner Information

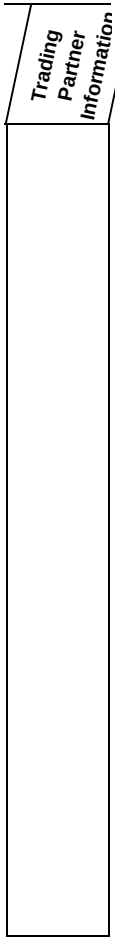

Trading Partner Information

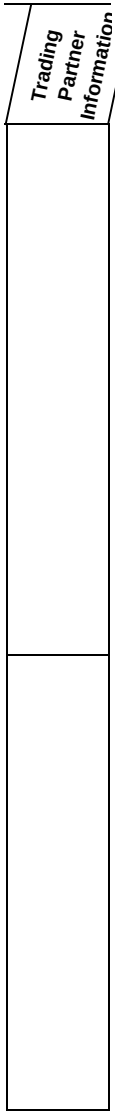

Trading Partner Information

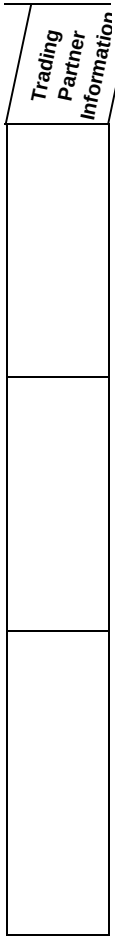

Trading Partner Information


Trading Partner Information
MARYLAN

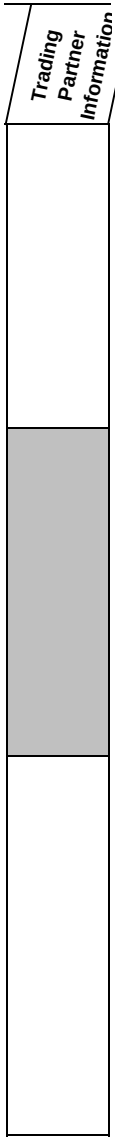

Trading Partner Information

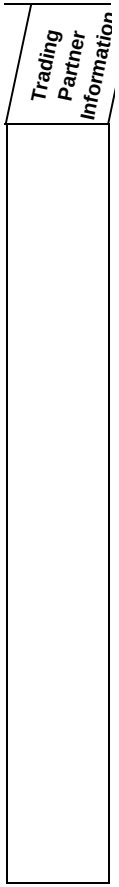

Trading Partner Information

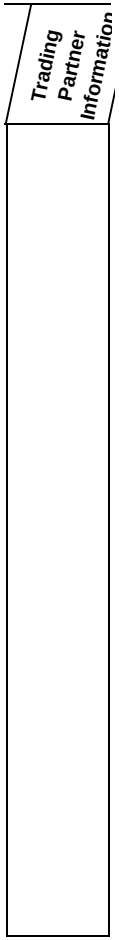

Trading Partner Information

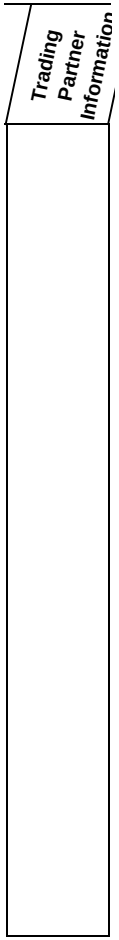

Trading Partner Information

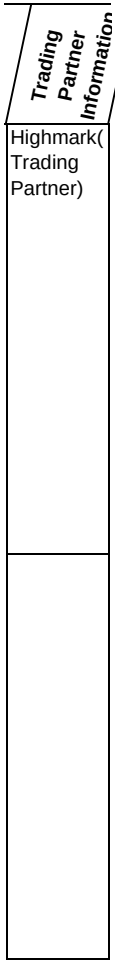
Trading Partner Information
Aetna
Horizon

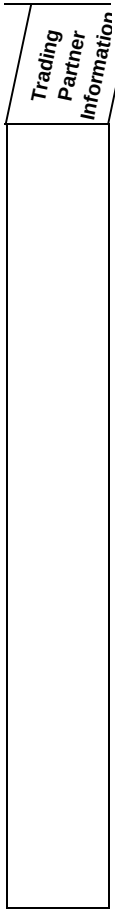

Trading Partner Information

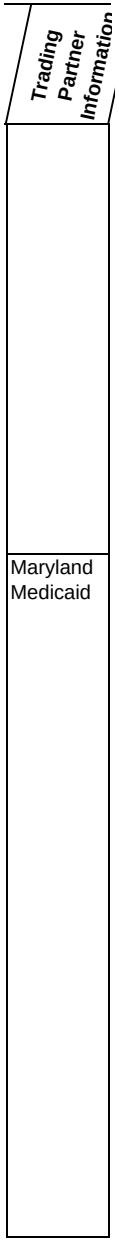

Trading Partner Information

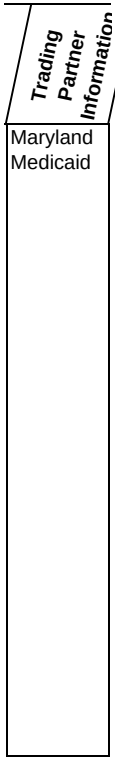

Trading Partner Information

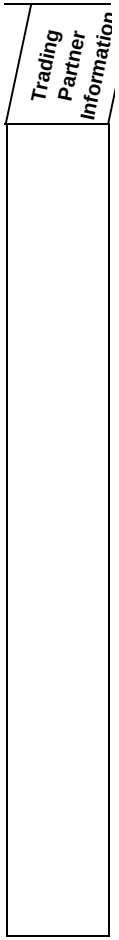

Trading Partner Information


Trading Partner Information
Highmark(Trading Partner)


Trading Partner Information


Trading Partner Information
Maryland Medicaid


Trading Partner Information
Maryland Medicaid


Trading Partner Information